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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/577,785-Conf. #6097
	Filing Date	July 5, 2007
	First Named Inventor	Bryan E. Laulich
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	20022/1200150-US1

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The undersigned's firm has had difficulty securing payment for services rendered.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bryan E. Laulich				
Address	36 Arbor Lane				
City	Roslyn Heights	State	NY	Zip	11577
Country	US				
Telephone			Email		
Signature	/FB/ Flynn Barrison (53,970)				
Name	Joseph R. Robinson	Registration No.	33,448		
Date	September 5, 2007	Telephone No.	(212) 527-7783		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.